FOR DISCUSSION PURPOSES ONLY

DRAFT Outline for Healthcare Infection Control Practices Advisory Committee (HICPAC) guidance on public reporting of healthcare-acquired infections (HAIs) and performance measures to prevent HAIs

I. *Introduction: what is the scope and purpose of this guidance?*

a. Scope of the statement
i. Evidence-based review of public and private reporting for quality improvement of health care
ii. Guidance on methodology of public reporting of HAIs and relevant performance measures

b. Briefly review HICPAC's leadership role in setting federal guidance for health care organizations for infection control and prevention.

c. Goals for this document is to provide guidance on public disclosure of HAI to:
i. policymakers and organizations tasked with developing and implementing public reporting systems for HAIs
ii. health care organizations and providers who collect data in devising a reporting system
iii. consumers and patients who want information in order to protect their health and inform their decisions about healthcare.

d. Describe the process of developing the statement
i. Principles of transparency, accuracy, societal perspective (the long-run) and building upon what's been done by APIC, NQF, NASHP and others
ii. Adherence to evidence basis of all HICPAC policies
iii. Inclusion of stakeholders, especially state policy leaders
e. Describe the partners
i. Stakeholders in the process (consumers, states, health care providers, infection control community)
ii. Co-authors of the joint statement
1. Proposed: CSTE, SHEA, APIC

f. Executive summary of findings and recommendations

II. *Background: Why is it necessary for HICPAC to release this guidance on public reporting of HAIs now?*

a. Briefly describe the patient safety improvement movement
i. IOM's recommendations, 1999

b. Briefly describe the increasing attention of the patient safety movement to hospital infections
i. IOM report on 20 national priorities for quality improvement
ii. NQF endorses measures of infection as patient safety measures
iii. Media reports and Consumer's Union website

c. Briefly describe the evolution of state reporting systems since the 1999 IOM report
i. NASHP reports
ii. NCSL survey
iii. List states that have passed or are considering public reporting for infection

d. Describe HICPAC's concerns that "if not done right, public reporting of HAIs could be damaging" [we need more clarity about what is meant here.]

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III. *What are the key challenges and opportunities for providing guidance on performance measures and reporting systems for HAIs, as identified by HICPAC?*

a. Challenges
i. Preventable fraction of health outcomes not precisely known, and related issues:
ii. No incentives to use national standardized measures in non-federal systems
iii. Underutilization of the information by stakeholders
iv. Risk adjustment methods could be better
v. Variability of capacities and interests in HAI prevention among health care organizations
vi. Unfunded mandates in era of serious fiscal constraints
vii. Cost-effective strategies for obtaining accurate data
viii. Differing visions/interests among stakeholders
ix. Unknown cost effectiveness and opportunity costs
    1. For example, will essential direct care staffing be decreased (hurting quality in other priority areas) in order to collect data?
    2. Evolving health care system issues create challenges for standardization and data collection, including:
        a. Tracking patients across settings
        b. Sicker patients on admission
        c. Newer settings for surgical procedures

b. Opportunities
i. A number of effective, safe practices have been identified for infection control and prevention that are under-utilized.
ii. Evidence and experience supports the use of infection control and surveillance for reducing HAIs.
iii. Infrastructure for infection control and prevention exists in terms of CDC's partnership with hospital epidemiologists and infection control professionals (ICPs), but needs to be expanded to new settings.
iv. NQF has endorsed standardized measures for infection control and prevention.

v. Public reporting may increase hospitals' attention to prevention of HAIs. Puts the focus on systems changes to support behavior and practices changes of healthcare workers (HCWs).
vi. Facilitates working relationships between a variety of state and local stakeholders that may not have existed before.

IV. *What is the evidence from a systematic literature review on public and private reporting?*

a. Review the outcomes of public and private reporting that are of interest to HICPAC, including:
i. Health outcomes
ii. Clinical performance measures
iii. QI activities
iv. ?Explain that the impact of public reporting on consumers' market behavior (as a mediating factor) is not the focus of this review
b. Pose two key questions for the systematic literature review
i. Are public or private reporting systems effective in achieving these outcomes?
ii. What characteristics of public or private reporting systems improve their effectiveness?
c. Explicate the 3 phases of the literature review
i. Keywords
ii. Inclusion and exclusion criteria for data abstraction and assessing quality of research
iii. Grade the evidence (HICPAC)
d. Results and conclusions from the systematic literature review of public and private reporting systems for improving healthcare performance

V. *Why are stakeholders looking to CDC for guidance on their public reporting systems?*

a. CDC's role is national leader for surveillance and prevention of HAIs since the 1970's.

i. Surveillance and quality improvement

1. Brief NNIS program description and principles
    a. Purpose
        i. Early problem identification and optimal resource allocation by ICPs
    b. Voluntary, quality improvement focus
    c. Confidentiality and protection of patient and hospital identity
    d. National aggregated data reports
    e. Trained data collectors (ie, ICPs) Evolution to web-based NHSN and knowledge management model

ii. Prevention Research

1. Epicenters examples

iii. Prevention programs

1. Prevent antimicrobial resistance campaigns

b. Consumer's Union model law names CDC's NNIS.

VI. *What guidance does HICPAC offer to designers of public and private reporting systems for HAIs?*

a. Ensure comparability of HAIs among healthcare organizations
i. Major challenges
    1. Improving risk adjustment methods
    2. Maintaining accuracy of Data
        a. Standardized (case) definitions
        b. Denominator information
        c. Data collection protocols
        d. Case finding protocols
            i. Validity checks
            ii. Sensitivity, specificity and positive predictive value of case finding

b. Link reporting to recommended prevention interventions by:
i. Encouraging performance measures
ii. Involving ICPs and hospital epidemiologists in partnership with hospital administration and staff physicians and nurses to:
    1. Improve individual clinician practices
    2. Change hospital policies and protocols
    3. Promote innovative systems changes
    4. Assist or coordinate teams for quality and safety
iii. Ensuring access to and uses of data by participating organizations

c. Caveats in public reporting of HAIs
    i. Use of these measures developed for one purpose (private reporting) may yield different results for public reporting.
    ii. Public reporting of HCA measures may accelerate quality improvement activities. But unless the data are audited to ensure good quality control processes, these activities may not be well-grounded.
    iii. Special problem of underreporting is anticipated in public reporting systems without auditing checks, especially if mandatory.
        1. However, the new group reporting function of NHSN will permit participating hospitals to send

their data to third parties, such as state and local PHDs and QIOs.

2. Currently, CDC cannot directly share this data or the identity of NNIS hospitals with anyone as required by statutes, PHS Act 304d and 308d.

iv. Other important problems for small or low volume hospitals where adverse outcomes are rare enough to diminish the reliability and comparability of rate data.
    1. Instead, process measures may be more helpful or the health outcomes measures may need to be redesigned.

v. Risk adjustment
    1. Methods vary with purpose of the information derived from the data
        a. Describe few example other than NNIS
    2. Methods used for private reporting may yield estimates of performance that are too imprecise for public reporting.
    3. There are problems in using counts of infections alone for reporting without specifying the portion of the at-risk population that are affected as a denominator.
    4. In particular, hospital-wide rate reporting has been discarded by NNIS since 1995.
    5. Numerator reporting only is particularly misleading. Most acceptable for sentinel events.